UCLA/SASC Stroke Survivor Registration and Survey

UCLA and the Stroke Association of Southern California want to support your recovery. If you register as a stroke survivor, we will send you valuable information and connect you with recovery resources. If you will answer the questions about your stroke, you will be participating in a survey to improve stroke services, and we will send you study results.

1. Your identity

Name

Email

Address

City

State

Zip

2. What is your gender?

- ○ Male
- ○ Female

3. What is your race/ethnicity?

- ☐ White
- ☐ Latino
- ☐ Asian
- ☐ Black
- ☐ Native American
- ☐ Pacific Islander

4. What is your current relationship status?

- ○ Married
- ○ Divorced
- ○ Never married
- ○ Widowed
- ○ Separated

5. What was the highest level of school you completed?

- ○ Less than high school
- ○ Some college but no degree
- ○ Bachelor degree
- ○ High school or GED
- ○ Associate degree
- ○ Graduate degree

6. Significant Dates

	MM / DD / YYYY
Today's date	/ /
Your birth date	/ /
Date of last stroke	/ /
Acute care discharge date	/ /
Inpatient rehabilitation discharge date	/ /
Date you began outpatient therapy	/ /

7. What were the signs and symptoms of your most recent stroke?

- ☐ Facial numbness, droop on one side
- ☐ Arm, leg weakness, especially on one side of body
- ☐ Trouble speaking, understanding
- ☐ Confusion, disorientation, loss of consciousness
- ☐ Troubled walking, balance, coordination, dizziness
- ☐ Sudden severe headache
- ☐ Change of vision in one or both eyes
- ☐ Other

8. When you had your stroke, did someone call 911?

- ○ No
- ○ Yes
- ○ I don't know

9. How long after the onset of your stroke did somone call 911?

- ○ 0-15 minutes
- ○ 16-30 minutes
- ○ 31-45 minutes
- ○ 46-60 Minutes
- ○ 60 minutes or more
- ○ I don't know

10. If no one called 911, why not? (check all that apply)

- ☐ Unable to call
- ☐ Didn't know to call
- ☐ Didn't recognize stroke symptoms
- ☐ Thought it was another problem
- ☐ Unsure it was a stroke
- ☐ Unsure if it was necessary

11. How long after your symptoms began did you arrive at the hospital?

- ○ Less than 30 minutes
- ○ Less than 60 minutes
- ○ Less than 90 minutes
- ○ Less than 2 hours
- ○ Less than 3 hours
- ○ More than 3 hours

12. Was the hospital a certified stroke center?

- ○ Yes
- ○ No
- ○ I don't know

13. Was your most recent stroke ischemic or hemorrhagic?

- ○ Ischemic (blockage)
- ○ Hemorrhagic (bleeding)
- ○ I don't know

14. Did you receive t-PA? (The medication, "Tissue Plasminogen Activator")

- ○ No
- ○ Yes
- ○ I don't know

15. Was a clot retrieval device used to restore brain circulation?

- ○ Yes
- ○ No
- ○ Don't know

16. Did you have surgery to stop bleeding in your brain?

- ○ Yes
- ○ No
- ○ Don't know

17. After your most recent stroke, for how many days were you in:

Intensive care

Acute medical stabilization

Inpatient rehabilitation

18. How many strokes have you had?

- ○ One
- ○ Two
- ○ Three or more

19. Do you know the causes of your stroke(s)? (check all that apply)

- ○ High blood pressure
- ○ Heart disorder/defect
- ○ AVM/Aneurysm
- ○ High cholesterol
- ○ Blood disorder
- ○ Other
- ○ Diabetes
- ○ Atrial fibrillation
- ○ I don't know

20. To what degree were these body parts or functions affected by stroke?

	1 (not at all)	2 (minimally))	3 (moderately)	4 (seriously)	5 (severely)
Walking	○	○	○	○	○
Balance	○	○	○	○	○
Hand use	○	○	○	○	○
Speech	○	○	○	○	○
Vision	○	○	○	○	○

21. How much does stroke affect these parts of your life?

	1 (not at all)	2 (minimally)	3 (moderately)	4 (seriously)	5 (severely)
Thought process	○	○	○	○	○
Emotions/mood	○	○	○	○	○
Independence	○	○	○	○	○
Self-worth	○	○	○	○	○
Family	○	○	○	○	○
Friendships	○	○	○	○	○
Residential stability	○	○	○	○	○
Financial stability	○	○	○	○	○
Work stability	○	○	○	○	○

UCLA/SASC Stroke Survivor Registration and Survey

Your Education about Stroke and Recovery (Check all that apply)

22. Have you been taught to recognize stroke signs and symptoms and call 911?

☐ No ☐ Sufficiently

☐ Incompletely ☐ Fully

23. Has the cause of your stroke been explained to you?

☐ No ☐ Sufficiently

☐ Incompletely ☐ Fully

24. Has the stroke treatment and recovery process been explained to you?

☐ No ☐ Sufficiently

☐ Incompletely ☐ Fully

25. Have you been taught about neurological return and plasticity?

☐ No ☐ Sufficiently

☐ Incompletely ☐ Fully

26. Have you been taught about psychological and social recovery?

☐ No ☐ Sufficiently

☐ Incompletely ☐ Fully

27. Have you been taught to manage risk factors and prevent stroke?

- ☐ No
- ☐ Sufficiently
- ☐ Incompletely
- ☐ Fully

28. Have you been taught how to take care of your health?

- ☐ No
- ☐ Sufficiently
- ☐ Incompletely
- ☐ Fully

29. Have you been introduced to stroke support groups?

- ☐ No
- ☐ I was contacted in person
- ☐ I was informed of services
- ☐ I now participate